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## Partners Protection Plan Special Events Increase Benefit Application

Including Increasing Income Benefit, Increasing Mortgage Benefit, etc.

### 1.0 Lives to be assured

#### Life assured 1 (LA1)

Mr  First Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mrs  Middle Name(s) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Miss  Surname 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Male  Female  Date of Birth 


  
D D M M Y Y

OR  
Company Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

#### Life assured 2 (LA2)

Mr  First Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mrs  Middle Name(s) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Miss  Surname 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Male  Female  Date of Birth 


  
D D M M Y Y

OR  
Company Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### 2.0 Policy owners (if different from lives assured)

#### First owner

Mr  First Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mrs  Middle Name(s) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Miss  Surname 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Male  Female  Date of Birth 


  
D D M M Y Y

OR  
Company Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

#### Second owner

Mr  First Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mrs  Middle Name(s) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Miss  Surname 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Male  Female  Date of Birth 


  
D D M M Y Y

OR  
Company Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### 3.0 Special events increase reason

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Marriage   | <input type="checkbox"/> Every 5th Policy Anniversary  | <input type="checkbox"/> Purchasing a new residential investment property                  |
| <input type="checkbox"/> Civil Union  | <input type="checkbox"/> Birth or legal Adoption of a child                                    | <input type="checkbox"/> Purchasing a bare block of land zoned as residential              |
| <input type="checkbox"/> Divorce  | <input type="checkbox"/> Increasing in existing residential mortgage                           | <input type="checkbox"/> Purchasing a holiday home   |
| <input type="checkbox"/> Legal Separation   | <input type="checkbox"/> Purchasing a new home   | <input type="checkbox"/> An increase in annual salary                                      |
| <input type="checkbox"/> Death or Terminal Illness of a spouse or de facto partner or Civil Union partner | <input type="checkbox"/> Taking on Full Time Care (for the first time) of a dependent relative | <input type="checkbox"/> Commencement of full-time Tertiary Education by a Dependent Child |
| <input type="checkbox"/> Increase in Household Expenses   | <input type="checkbox"/> Increase in Mortgage Repayments                                       | <input type="checkbox"/> Interest in Interest Rate   |

Please attach certified copies of evidence in support of the increase as detailed on the back of this application.

## 4.0 Cover to increase

Please provide details below of the amount you wish to increase your sum insured by and how much you would like to increase the sum insured to. Please note:

- Life Cover, Total and Permanent Disability Cover, Severe Trauma Cover and Trauma Cover
  - Under the Special Events Benefit the sum insured can be increased by the lesser of the increased mortgage or \$300,000 provided the total increase does not exceed 75% of the original sum insured.
- Life Income Cover
  - Under the Special Events Benefit the sum insured can be increased by the lesser of the \$1,000 per month, the increase in mortgage repayments or 40% of the annual increase in salary, provided the total increase does not exceed 75% of the original sum insured.
- Income Cover and Specific Condition Cover\*
  - Under the Increasing Income Benefit the sum insured can be increased by the amount of your salary increase until the sum insured reached \$12,000 per month.
- Mortgage Repayment Cover
  - Under the Mortgage Restructure Benefit the Mortgage Repayment Cover sum insured can be increased by the amount that the mortgage repayments increased as a result of the mortgage being restructures.
  - Under the Increasing Mortgage Benefit the Mortgage Repayment Cover sum insured can be increased by the amount that the mortgage repayments increased as a result of the increase in mortgage debt.
  - Under Increasing Interest Rate Benefit the Mortgage Repayment Cover sum insured can be increased by the amount that the mortgage repayments increased as a result of the interest rate increasing (OCR must have increased by at least 1 % in 12 months).

Each increase is limited to \$1,500 per month and the option for these non-underwritten increases ceases when the sum insured reached \$12,000 per month.

- Household Expenses Cover
  - Under the Increasing Expenses Benefit the sum insured can be increased by the lesser of the amount the actual increase in expenses or \$1,500 per month until the sum insured reached \$12,000 per month.

Protection Benefit	Increase sum insured by	New sum insured amount
<input type="checkbox"/> Life Cover	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Life Income Cover	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Terminal Illness Cover	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Total and Permanent Disability Cover	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Severe Trauma Cover	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Trauma Cover	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Specific Condition Cover	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Income Cover	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Mortgage Repayment Cover	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Household Expenses Cover	\$ <input type="text"/>	\$ <input type="text"/>

\*In the event of a claim within the 90 days following the effective date of the increase, the increase will be limited to 10% of the pre-increase sum insured.

## 5.0 Supporting evidence

Below we have set out what you can provide in support of your special events increase.

Special Event	Evidenced by
Marriage	Marriage certificate
Civil Union	Civil union certificate
Divorce	Order of dissolution of marriage or civil union
Legal Separation	Separation agreement
Death or Terminal Illness of a spouse or partner	Death Certificate
Every 5th Policy Anniversary	-
Taking on Full Time Care of a dependent relative	Statutory Declaration or court papers
Birth or legal Adoption of a child	Birth certificate for the child or adoption papers
Increasing in existing residential mortgage	Settlement statement, loan statement, or summary of loan details
Purchasing a new home	Change of title
Purchasing a new residential investment property	Change of title
Purchasing a holiday home	Change of title
Purchasing a bare block of land zoned as residential	Change of title
Commencement of Tertiary Education by a Dependent Child	Confirmation of enrolment and payment of fees
An increase in annual salary	Written statement from the employer
Increase in expenses	Proof of additional/increase monthly Household Expenses
Increase in in mortgage repayments/interest rate	Lender correspondence

❖ Please attach an illustration setting out the sum insured to be applied for and the applicable premiums to be paid.

## 6.0 Declaration and consent

### Duty of disclosure

Before you enter this contract of insurance you have a duty to disclose to Partners Life Limited every matter that you know (or could reasonably be expected to know) is relevant to Partners Life Limited's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to Partners Life Limited when you apply to vary or reinstate the insurance.

If you fail to comply with your duty of disclosure to Partners Life Limited, Partners Life Limited will enact the remedies available to it under the terms and conditions contained within the policy document.

The below named lives to be assured and policy owner(s) declare and agree that:

1. The information provided in this application whether in my/our handwriting or not is true and complete and I/we have not withheld or misstated any material fact; and
2. I/we understand that the insurance proposed in this application shall not commence until this application has been accepted by Partners Life Limited and the increased has been received by Partners Life Limited; and
3. I/we understand that Partners Life Limited will draw money from my/our chosen payment method where applicable (bank account, credit card or debit card) on the date specified by me/us in my/our original application, or on the nearest corresponding date thereafter (and on-going in accordance with my/our specified payment frequency). I/we understand that, and give consent to, the first billing may be within 10 days of Partners Life Limited sending confirmation that my/our chosen account will be debited.
4. I/we will be bound by the standard conditions applicable to the proposed insurance upon Partners Life Limited acceptance of this application; and
5. I/we authorise Partners Life Limited, its related companies, reinsurers or its appointed financial advisers to use information contained herein and any other information (including but not limited to full medical history) obtained from any of the organisations listed in clause 6 below to enable Partners Life Limited, its related companies, reinsurers or appointed financial advisers to manage the proposed offer of insurance or to enforce, maintain and manage any resulting insurance contract or to market other products and services or in such manner as is required to meet legal and regulatory obligations; and
6. I/we consent and give authority to Partners Life Limited to seek from the following, including their officers and employees, any information (including full medical history) Partners Life Limited requires for the purposes of assessing this application or any claim arising from this application. I/we consent for the following to disclose full information to Partners Life Limited for this purpose:
  - Any and all health treatment providers; and
  - Any and all medical information providers; and
  - Insurers; and
  - Accident Compensation Corporation; and
  - Employers (whether current or not); and
  - Government organisations and enterprises; and
  - Accountants and other financial advisers; and
  - Banks and financial institutions; and
  - Any credit rating agencies.
7. I/we acknowledge that the illustration attached to this application (or any subsequently signed illustrations which are to amend the original illustration) forms part of the application and sets out the cover and sum(s) insured I/we are applying for; and
8. I/we accept that any exclusions or loadings listed on the policy schedule will be applied to the increased benefits included under this policy; and
9. I/we agree that a photocopy, scan or fax copy of this application form, declaration and consent will be as valid as the original.
10. I/We confirm that the life to be assured is not eligible to make or have already made a claim under any of the Protection Benefits I/we are applying to increase.

I/We understand that I/we will not be eligible for the increased sum insured if I am/we are entitled or intending to make a claim for the life to be assured, under any of the Protection Benefit(s) we are increasing, at the time or any time prior to the increase.

Name of first life to be assured												
Signature of first life to be assured												
Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y						
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Name of second life to be assured												
Signature of second life to be assured												
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Name of first policy owner (if different from above)												
Signature of first policy owner												
Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y						
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Name of second policy owner (if different from above)												
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### Office use only

Registered stamp	Adviser code <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
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